



# MARGATE VOLUNTEER PROGRAM (MVP) APPLICATION

The **Margate Volunteer Program (MVP)** provides the community with an opportunity to assist with special events, government functions, emergency operations, and other important services that impact the quality of life of Margate residents. Volunteering exemplifies what it means to say "Together We Make It Great"!

## INDIVIDUAL PROFILE

|   |       |                    |      |
|---|-------|--------------------|------|
| Name:   |       | Today's Date:      |      |
| Mailing Address:  | City: | State:             | Zip: |
| Phone Number:   |       | Email Address:     |      |
| Emergency Contact Name/Phone:   |       |                    |      |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>A conviction does not necessarily preclude your from serving as a volunteer.</i> |       | If yes, type/year: |      |

## PREFERRED VOLUNTEER OPPORTUNITIES (check all that apply)

|   |  |
|---|--|
| <input type="checkbox"/> Community Emergency Response Team (CERT) | <input type="checkbox"/> Senior Center             |
| <input type="checkbox"/> Adopt-A-Street                           | <input type="checkbox"/> Tree/Landscaping Projects |
| <input type="checkbox"/> Special Events                           | <input type="checkbox"/> Office/Clerical Support   |
| <input type="checkbox"/> Athletic Programming Coaches             | <input type="checkbox"/> Photography/Videography   |
| <input type="checkbox"/> Counselor-in-Training (CIT)              | <input type="checkbox"/> Other: _____              |

## AVAILABILITY

|                           |                                     |                                     |                                      |  |     |     |     |
|---------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--|-----|-----|-----|
| Length of time available: | <input type="checkbox"/> 0-3 months | <input type="checkbox"/> 3-6 months | <input type="checkbox"/> 6-12 months | <input type="checkbox"/> 12 months or longer |     |     |     |
| Available Days/Hours:     | MON                                 | TUE                                 | WED                                  | THU  | FRI | SAT | SUN |
| AM                        |                                     |                                     |                                      |  |     |     |     |
| PM                        |                                     |                                     |                                      |  |     |     |     |

## EDUCATION/EXPERIENCE

Please provide your educational background:

  
  
  

Please describe your relevant work and/or volunteer experience:

  
  
  

## REFERENCES

|       |        |
|-------|--------|
| Name: | Phone: |
| Name: | Phone: |

*I certify that all statements and information that I have provided in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.*

Applicant (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

*In order to uphold our high standard of excellence, we carefully select MVP volunteers. As a result, we will conduct a background check on volunteers (age 18 or over) based on location and requested tasks. The background check may include the following information:*

- *National Criminal File Search*
- *Sexual Offender/Predator Check (if working with children or the elderly)*
- *Driver's License Check (if requires driving a City vehicle)*

*I understand that any information obtained by a personal background investigation will be considered in determining my suitability for serving as a MVP volunteer. I understand that any misleading, incorrect, or untruthful statements may render this application void, and if I am placed in a volunteer position, would be just cause for termination. I hereby release the City of Margate, its authorized representatives, from all liability which may be incurred as a result of furnishing such information.*

*I do hereby give the City of Margate the right to use my photograph in promotional materials such as brochures, newsletters, website, and other presentations. My signature indicates that I have read and understand the information delineated in this form.*

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Minimum volunteer age requirements are based upon individual volunteer opportunities as determined by the City. Individuals under age 18 must have parental consent to volunteer.

*I certify that I am the parent or legal guardian of the applicant and hereby approve and consent to the above information and the use of the applicant's photograph in promotional materials such as brochures, newsletters, website, and other presentations. I affirm that I have the legal right to issue such consent.*

Parent/Guardian (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:  
City of Margate  
Human Resources Department  
5790 Margate Blvd., Margate, FL 33063**

### OFFICIAL USE ONLY

|  |                                |
|--|--------------------------------|
| Date Received:                               | Application Reviewed By:       |
| Background Check Completed:      Yes      No | Background Check Completed By: |
| Volunteer Coordinator Approval:              | City Manager Approval:         |